|   |   |                                  |                |                              |              |                  |      |                     | Application or Docket Number |     |  |                        |  |
|---|---|----------------------------------|----------------|------------------------------|--------------|------------------|------|---------------------|------------------------------|-----|--|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR  |   |                                  |                |                              |              |                  |      |                     | 10/102 555                   |     |  |                        |  |
| Effective October 1, 2003   |   |                                  |                |                              |              |                  |      |                     | 101693, 585                  |     |  |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |                                  |                |                              |              |                  |      | MALL E              | MTITY                        | OR  | OTHER<br>SMALL                                   |                        |  |
| TOTAL CLAIMS  |   |                                  | 23             |                              |              |                  |      | RATE                | FEE                          | 1   | RATE   | FEE                    |  |
| FOR .   |   |                                  | · NUMBER FILED |                              | NUMBER EXTRA |                  |      | Basic Fee           | 385.00                       | OR  | hasic fee  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |                                  | 2 3minus 20=   |                              | • 3          |                  |      | X\$ 9=              |                              | OR  | X\$18≈   | 54                     |  |
| INDEPENDENT CLAIMS  |   |                                  | 3 minus 3 =    |                              | . 6          |                  |      | X43=                |                              | OR  | X86=   | -                      |  |
| MU  | LTIPLE DEPEN  | DENT CLAIM PI                    | RESENT         |                              |              |                  |      | +145=               |                              | OR  | +290=  |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |                                  |                |                              |              |                  |      | TOTAL               |                              | OR  | TOTAL  | 524                    |  |
| / / CLAIMS AS AMENDED - PART II   |   |                                  |                |                              |              |                  |      |                     |                              |     | OTHER  |                        |  |
| 2   | 16606   | (Column 1)                       |                |                              |              | (Column 3)       | _    | SMALL               | ENTITY                       | OR  | SMALL  | ENTITY                 |  |
| AMENDMENT A   | ·   | CLAIMS REMAINING AFTER AMENDMENT |                | HEGH<br>NUM<br>PREVK<br>PAID | BER          | PRESENT<br>EXTRA |      | RATE                | ADDI-<br>TIONAL<br>FEE       |     | RATE   | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | • 23                             | Minus          | - 2                          |              |                  |      | X\$ 9•              |                              | OR  | X\$18=   |                        |  |
| <b>3</b> .  | Independent   | . 4                              | Minus          | ***                          | 3            | - /              |      | X43-                |                              | OR  | -X06-  | 200,00                 |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                  |                |                              |              |                  |      | +145=               |                              | OR: | +290=  |                        |  |
|   |   |                                  |                |                              |              |                  |      | TODAL               |                              |     | TOTAL  | رزيدي                  |  |
| (Column 1) (Column 2) (Column 3)  |   |                                  |                |                              |              |                  |      |                     |                              | OA. | ADOIT, FEE                                       | 71-1                   |  |
|   |   | (Column 1)                       |                | HIGH                         |              | (Commis          | 1    |                     | ADDI-                        |     | <del>-                                    </del> | ADDI-                  |  |
| 0   | 1200  | REMAINING<br>AFTER               |                | NUM<br>PREVI                 |              | PRESENT          |      | RATE                | TIONAL                       | •   | RATE   | TIONAL                 |  |
| AMENDMENT O   |   | AMENDMENT                        |                | PAID                         |              | -                | 11   |                     | FEE                          |     |  | FEE                    |  |
|   | Total   | .23                              | Minus          | <u></u>                      | 3            | . (              |      | X\$ 9= .            |                              | ÓЯ  | X\$18=   |                        |  |
| ME  | Independent   | • 4                              | Minus          | este<br>DEMOCNO              | 4 AIM        | 10               | 1    | X43= ·              | ·                            | OH  | X86=   |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                  |                |                              |              |                  |      | +145=               |                              | OF  | +500÷  |                        |  |
|   |   |                                  |                |                              |              |                  |      | TOTAL               |                              | ÓЯ  | ADDIT, FEE                                       |                        |  |
| AGOIT, FEE  |   |                                  |                |                              |              |                  |      |                     |                              |     |  |                        |  |
| _   | 1 2 104   | (Column 1)                       | 1              | HIGH                         |              |                  | ו ו  |                     | ADD#                         | 1   |  | ADDI-                  |  |
| MTC   |   | REMARKING<br>AFTER<br>AMENDMENT  |                | PREVIO                       | DUSLY        | PRESENT          |      | RATE                | TIONAL<br>FEE                |     | RATE   | TIONAL                 |  |
| AMENDMENT   | Total   | • 23                             | Minus          |                              | 23           | =                |      | X\$ 9=              |                              | OR  | X\$18=   |                        |  |
|   | independent   | ·Ś                               | Minus          | ***                          | 4            | - /              |      | X43=                |                              | OR  | X86=   |                        |  |
| ٢   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLARM  |                                  |                |                              |              |                  |      | +145=               |                              | OR  | +290=  |                        |  |
|   | * If the entry in column 1 is less than the entry in column 2, write "O" in column 3. |                                  |                |                              |              |                  |      |                     |                              |     | TOTAL  |                        |  |
| •   | H she Wilshart Mr.  | mhar Drovinsky Pi                | ald For IN THE | SEPACE                       | 8 IESS (N2   | n 20, enter 21   | ). I | TOTAL<br>UDDITL FEE |                              | OA  | ADDIT. FEE                                       | <u> </u>               |  |
| "If the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Righest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. |   |                                  |                |                              |              |                  |      |                     |                              |     |  |                        |  |
| FIGURE AND TRADESTAND OFFICE U.S. DEPARTMENT OF COMMERCE  |   |                                  |                |                              |              |                  |      |                     |                              |     |  | COMMERCE               |  |